**PATENT** 

**Total Pages** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FNAMED INVENTOR OR APPLICATION IDENTIFIER: CHO ET AL.

至正的 ALTERNATIVE SENSING METHOD FOR IMPLANTABLE MEDICAL DEVICE IN MAGNETIC RESONANCE IMAGING DEVICE

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the 置さ documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope 

Molly Chlebeck Printed Name Mally Cullbeck
Signature

Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231

	Sir:	We are transmitting herewith the attached:						
X	Patent A	t Application Transmittal						
X	Specific							
X	Drawing	Total pages: 22 (including claims and abstract: Spec. 17 sheets; Claims 4 sheets; Abstract 1						
_	Diawing	Total sheets: _19_						
		formal informal						
Ø	Combined Declaration and Power of Attorney:							
		unexecuted copy from prior application						
IJ		Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37						
[1]		CFR 1.63(d)(2) and 1.33(b)						
<sup>(2</sup> 4)		Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is						
ii L		hereby incorporated by reference therein.						
Χij	Accomp	accompanying application parts:						
IJ	Notification of filing a							
1	Assignment of the Invention to Medtronic, Inc. Assignment cover sheet							
		Information Disclosure Statement						
[=A		PTO Form 1449						
	님	Copies of IDS citations Preliminary Amendment						
	A copy of the Petition or Conditional Petition for Extension of Time in the prior application.							
	X	Return Postcard						
IF A COI	NIUNITA	G APPLICATION:						
		Continuation Divisional Continuation-in-part (CIP) of prior application No						
		Amend the specification by inserting before the first line the sentence: This application is a continuation division continuation in part of application number, filed						
		Cancel in this application original claimsof the prior application before calculating the filing fe . (At least the original independent claim must be retained for filing purposes.)						
		The pri rapplication is assigned of rec rd t Medtronic, Inc.						
		The P wer of Att rney in the pri rapplication is terminal to the pri rapplication is the p						

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed							
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987  Medtronic, Inc., MS 301  7000 Central Avenue NE  Minneapolis, Minnesota 55432  Telephone: (763) 514-3066						

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	19	20	=	0	x 18	\$0.00
Independent Claims	3	3	=	0	x 84	\$0.00
Multiple Dependent Claims	3				+ 280	\$840.00
Basic Filing Fee						\$740.00
			-		TOTAL	\$1,580.00

Charge Deposit Account No. 13-2546 the amount of \$1,580.00 for the filing fee and claim fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Charge Deposit Account No.

The Commissioner is hereby overpayment to Deposit Account No.

Date

Date

Beth L. McMahon, Reg. No. 41,987

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